

Name
in
Full

Charles R. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

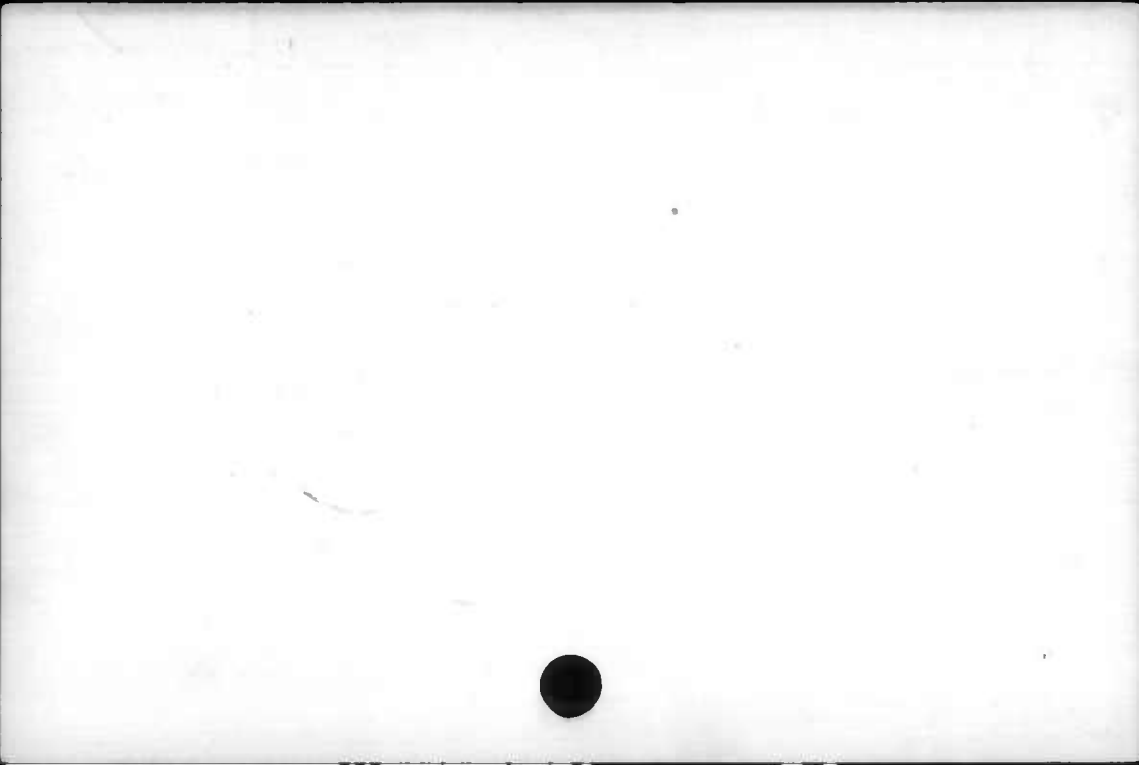
Died at Pomfret ^{Town} Charles ^{County} **MARYLAND**
 Date of death 1909 ^{Month} 12 ^{Day} 9 Age 27 ^{Years} 27 ^{Months} 27 ^{Days}
 Sex male Color or Race C Birth-place Ind
 Occupation Laborer Where Residing if not at place of death —
 Married, Single or Widowed S Name of Wife or Husband —
 Father's Name Charles H. Brown Father's Birthplace Ind
 Mother's Melden Name Charity Bevin Mother's Birthplace Ind
 Name of person giving Information Joseph A. Brown How related to deceased Ind

CAUSES OF DEATH

61

Primary Cerebral Meningitis How long Two weeks
 Immediate Paralysis, Cardiac Failure How long Two weeks
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician Annula L. Harmon
 Address La Plata Ind.
 Accident or Suicide —

PHYSICIAN
OR CORONER



Name
in
Full

Gen. W. C. Stone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pommyhy</i>		County <i>C. H. Carter</i>		MARYLAND	
Date	Month	Day	Years	Months	Days
of death 1909	Dec.	21	Age 82	—	—
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Chas. Co. Md.</i>		
Occupation <i>Farming</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Francis A. Whitten</i>				
Father's Name <i>Gen. C. Stone</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>Virginia Johnson</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

123

Primary	<i>Cystitis</i>	How long	<i>Not known</i>
Immediate	<i>Abscess of Perineum and Prostate leading to blood</i>	How long	<i>Four months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. W. Mitchell M.D.</i>	
		Address <i>Pommyhy Md.</i>	
Accident or Suicide <i>No</i>			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Benjamin Colbert

Town

County

MARYLAND

Died at

Hurzburg

Charles

Date

Month

Day

Years

Months

Days

of death

1909

12

17

Age

28

TO BE ANSWERED BY
NEAREST FRIEND

Sex

Male

Color or
Race

Black

Birth-
place

Maryland

Occupation

Farmer Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Sylvester Colbert

Father's
Birthplace

Hurzburg Ind.

Mother's
Maiden Name

Elizabeth Bruce

Mother's
Birthplace

Hurzburg Ind.

Name of person giving
Information

Ashton Carter

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Diabetes

How long

2 yrs.

Immediate

"

How long

"

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

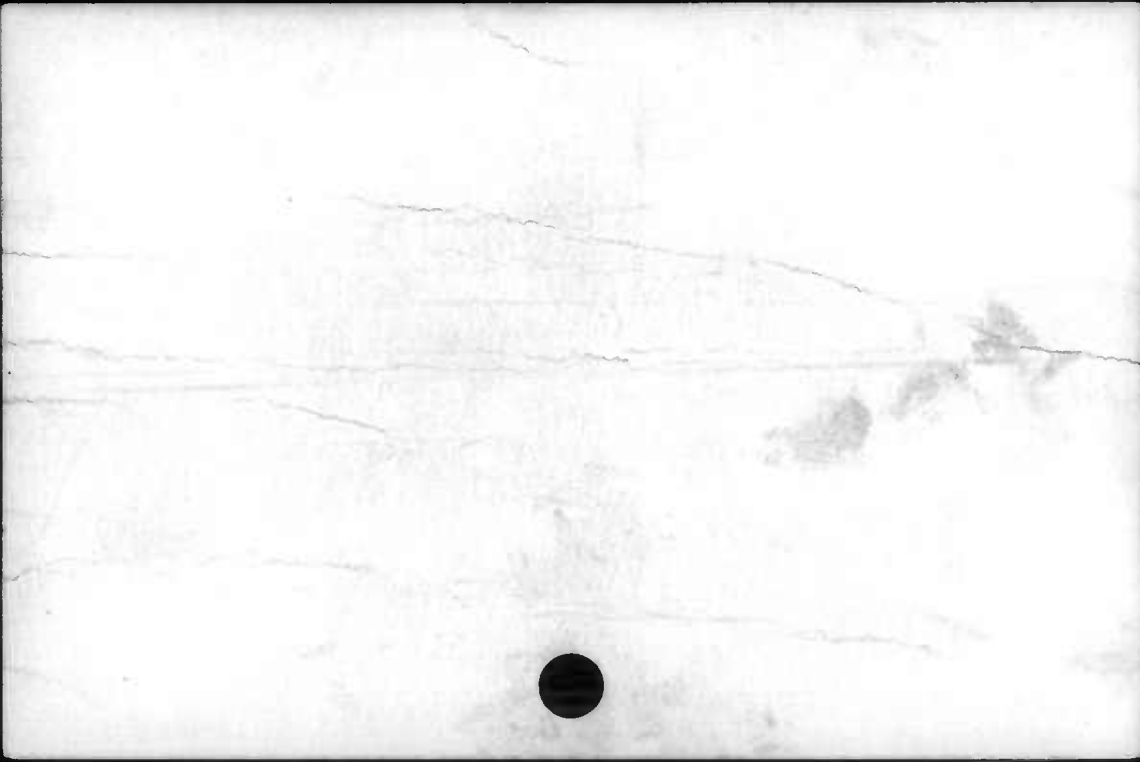
Address

*J. R. Higdon,
Wayside
Ind.*

PHYSICIAN
OR CORONER

Accident or Suicide

50



Name
in
Full

Eliza Dent

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>La Plata</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Dec</i>	Day	<i>22</i>
Age		<i>63</i>	Years	Months	Days
Sex	<i>female</i>	Color or Race	<i>colored</i>	Birth-place	<i>Charles Co</i>
Occupation	<i>housework</i>	Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>widowed</i>	Name of Wife or Husband <i>Edward Dent</i>			
Father's Name	<i>Nace Smallwood</i>	Father's Birthplace <i>Charles</i>			
Mother's Maiden Name	<i>Catharine Smallwood</i>	Mother's Birthplace <i>Charles</i>			
Name of person giving information	<i>Stoddard Dent</i>	How related to deceased <i>son</i>			

CAUSES OF DEATH

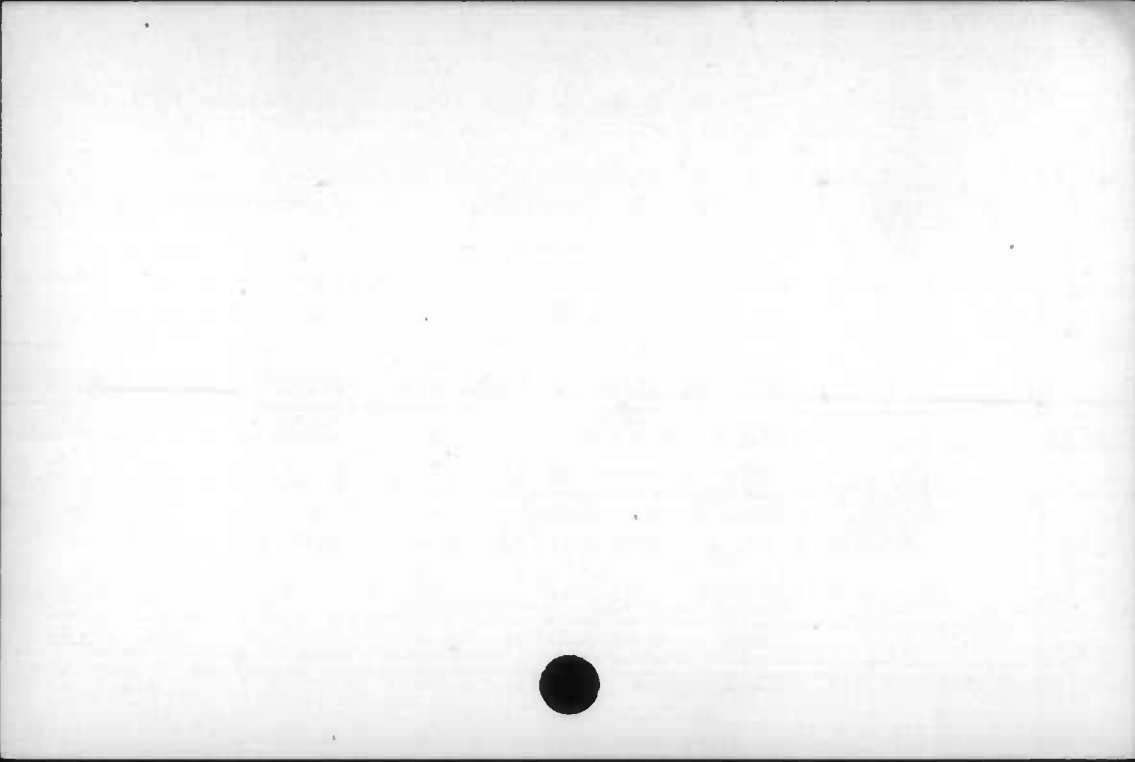
154

PHYSICIAN
OR CORONER

Primary	<i>Infirmities due to old age</i>	How long	<i>year</i>
Immediate	<i>renal excretion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Thos. J. Brown</i>	
		Address	
		<i>La Plata</i>	
		<i>MD</i>	
Accident or Suicide?			
<i>no</i>			



Name in Full		Thomas Gaines				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Wanpenny</i> Town		<i>Charles</i> County		MARYLAND	
		Date of death <i>1909</i> <i>12</i> Month <i>25</i> Day		Age <i>4</i> Years		Months <i>4</i> Days	
		Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>	
		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
		Father's Name <i>Amos Gaines</i>				Father's Birthplace <i>Ind</i>	
		Mother's Maiden Name <i>Rosie Johnson</i>				Mother's Birthplace <i>Ind</i>	
		Name of person giving information <i>Bennie Richardson</i>				How related to deceased <i>Wife</i>	
		CAUSES OF DEATH				<i>93</i>	
PHYSICIAN OR CORONER		Primary <i>Deep cold or</i>				How long <i>1 week</i>	
		Immediate <i>Pneumonia</i>				How long	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>James M. Wheeler</i>	
						Address <i>Sub-Registrar</i>	
		Accident or Suicide? <i>—</i>					



Name
in
Full

Theodor Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Masons Springs</i> Town <i>Charles</i> County		MARYLAND	
Date of death <i>1909 Dec. 13</i>	Month <i>Dec.</i> Day <i>13</i>	Age <i>4</i> Years	Months <i>8</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>collord</i>	Birth-place <i>Chas. co Md.</i>	
Occupation <i>None</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>		
Father's Name <i>John Gray</i>	Father's Birthplace <i>Chas. Co Md.</i>		
Mother's Miden Name <i>Mary Washington</i>	Mother's Birthplace <i>P.G. Co. Md.</i>		
Name of person giving Information <i>John Gray</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>—</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None attending</i>
<i>Chas. D. Carpenter</i>	Address <i>Pisgah Md.</i>
Accident or Suicide	



Name
in
Full

Charles L. Gray, Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
1909	Dec.	18			One	
Sex	male	Color or Race	collord	Birth-place	char. co md	
Occupation	none	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband	none			
Father's Name	Charles Gray	Father's Birthplace	char. co md			
Mother's Maiden Name	Annie Brown	Mother's Birthplace	char. co md			
Name of person giving Information	Chas. Gray	How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Unknown	Unknown
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	yes.
Signature of Physician	none in attendance
Address	Piggah
Accident or Suicide	Sub. Reg. 2 nd district
	md.



Name
in
Full

Flora Gundfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

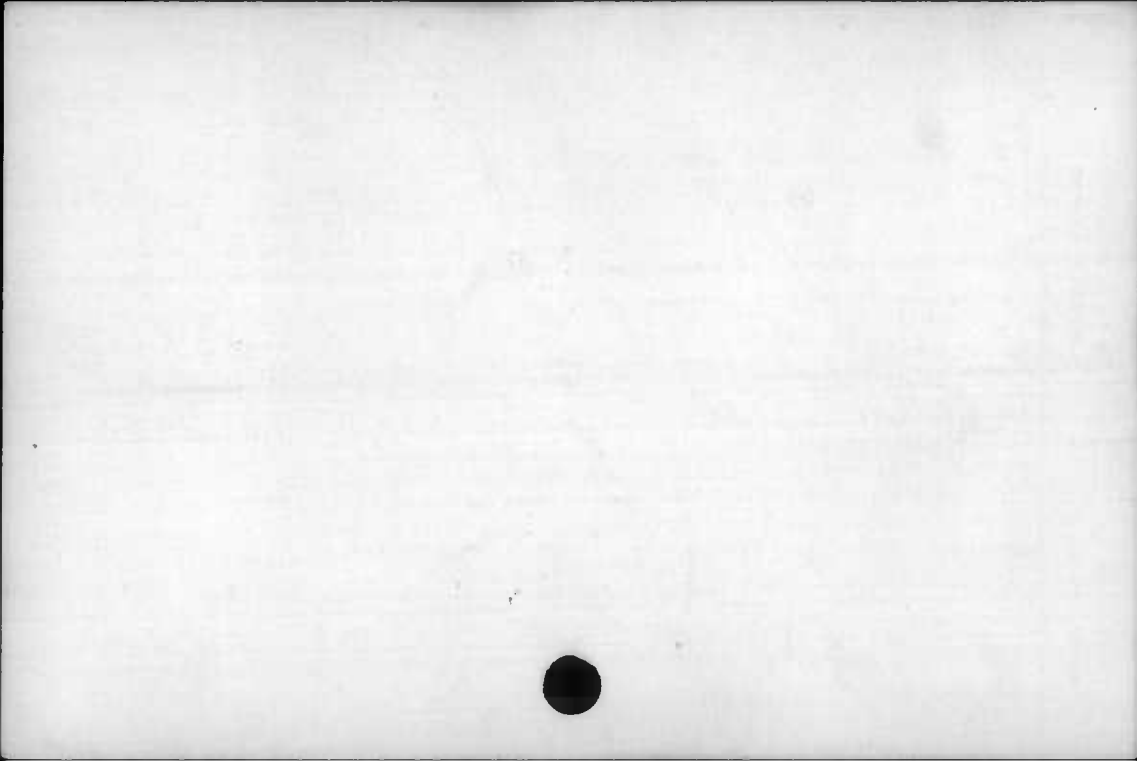
Died at <i>Dunbar</i> Town		County <i>Charles</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Dec</i>	Day <i>1</i>	Age <i>12</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>			
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Harry Gundfield</i>	Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Bessie Washington</i>	How related to deceased <i>Sister</i>				
Name of person giving information <i>Harry Gundfield</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>about three years</i>
Immediate <i>Apoplexy</i>	How long <i>about</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. O. Mason</i>
	Address <i>Ward 1</i>
Accident or Suicide?	<i>Ind</i>



Name
in
FullWilliam F. Langley
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at Bryantown

Chesapeake

Date

of death 1909

Month

12

Day

13

Years

Age

74

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of death

Bryantown

Married, Single
or Widowed

Married

Name of Wife or
Husband

Elijah R. Langley

Father's
Name

Augustus Langley

Father's
Birthplace

Md

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Md

Name of person giving
Information

H. C. Acton

How related
to deceased

Brother-in-law

CAUSES OF DEATH

Primary

Bright's

How long

18 mo

Immediate

Hypertension & heart failure

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

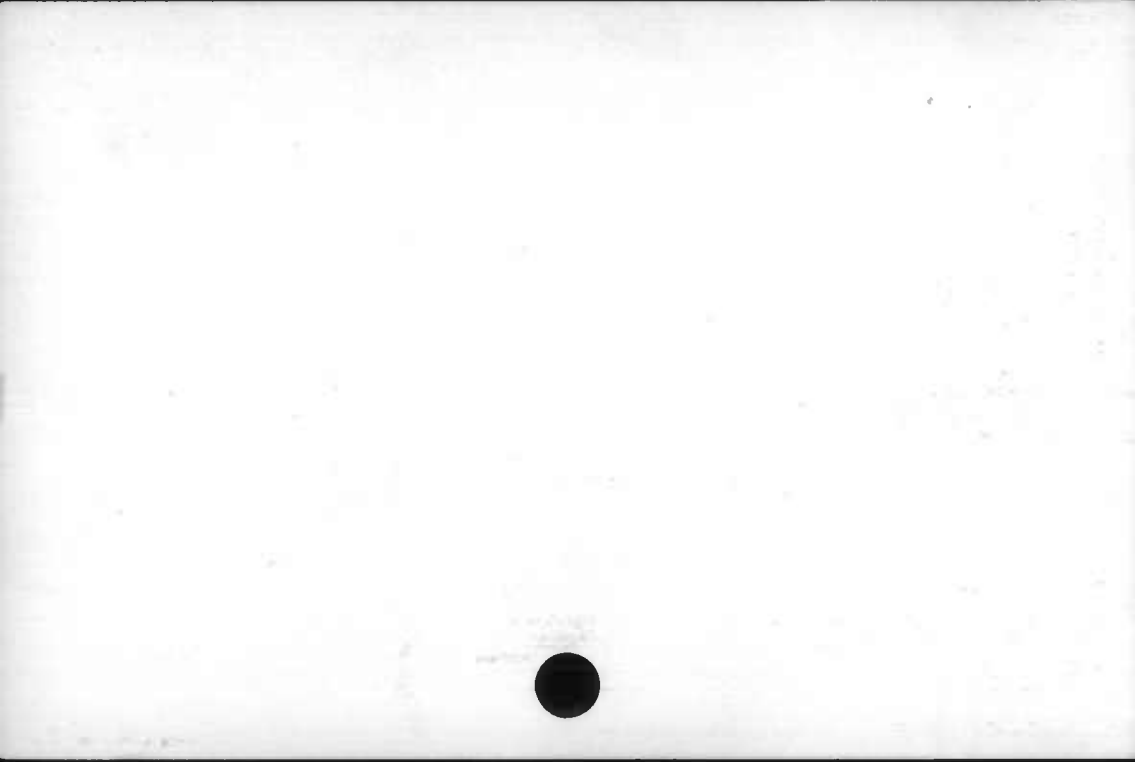
H. C. Acton

Address

Bryantown Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

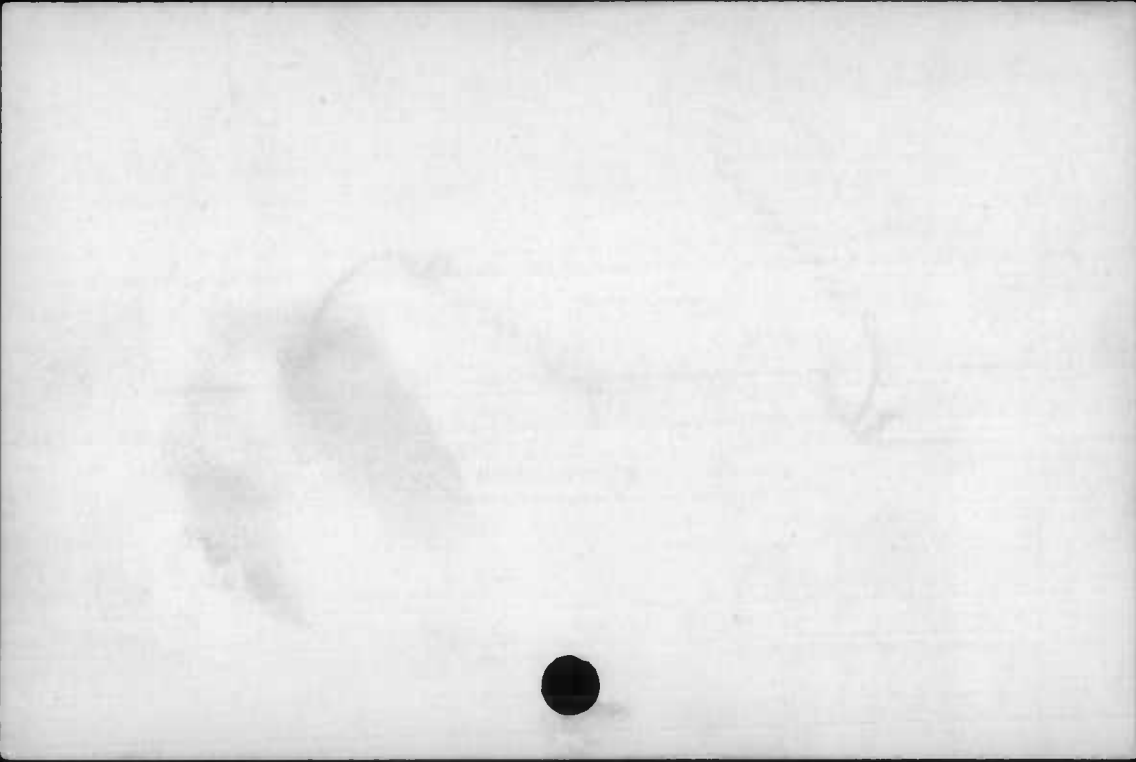
Died at <i>Cooksey</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1909</i>		Month <i>12</i>	Day <i>12</i>	Age <i>35</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Maryland</i>			
Occupation <i>Latimer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm. Henry Sinkfield</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary Bradley</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Adilton Conter</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 mos.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. P. Higdon</i>
	Address <i>Wayside</i>
Accident or Suicide?	



Name
in
Full

Maria Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cedar Point Neck</i>		Town <i>Ches</i>		County <i>Ches</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>	Month <i>12</i>	Day <i>4</i>	Age <i>46</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ches Co. Md</i>				
Occupation <i>Housework</i>			Where Residing if not at place of death <i>" " "</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Robert Marshall</i>				Father's Birthplace <i>Ches Co Md</i>			
Mother's Maiden Name <i>Emma Waters</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving Information <i>Lancy Warren</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

27

Primary <i>Tuberculosis</i>	How long <i>2 yrs</i>
Immediate <i>Hemorrhage</i>	How long <i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None</i>
	Address <i>W. F. Browner</i>
	<i>Sub Reg</i>
Accident or Suicide	

PHYSICIAN
OR CORONER

W. F. Browne
Sun Reg

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

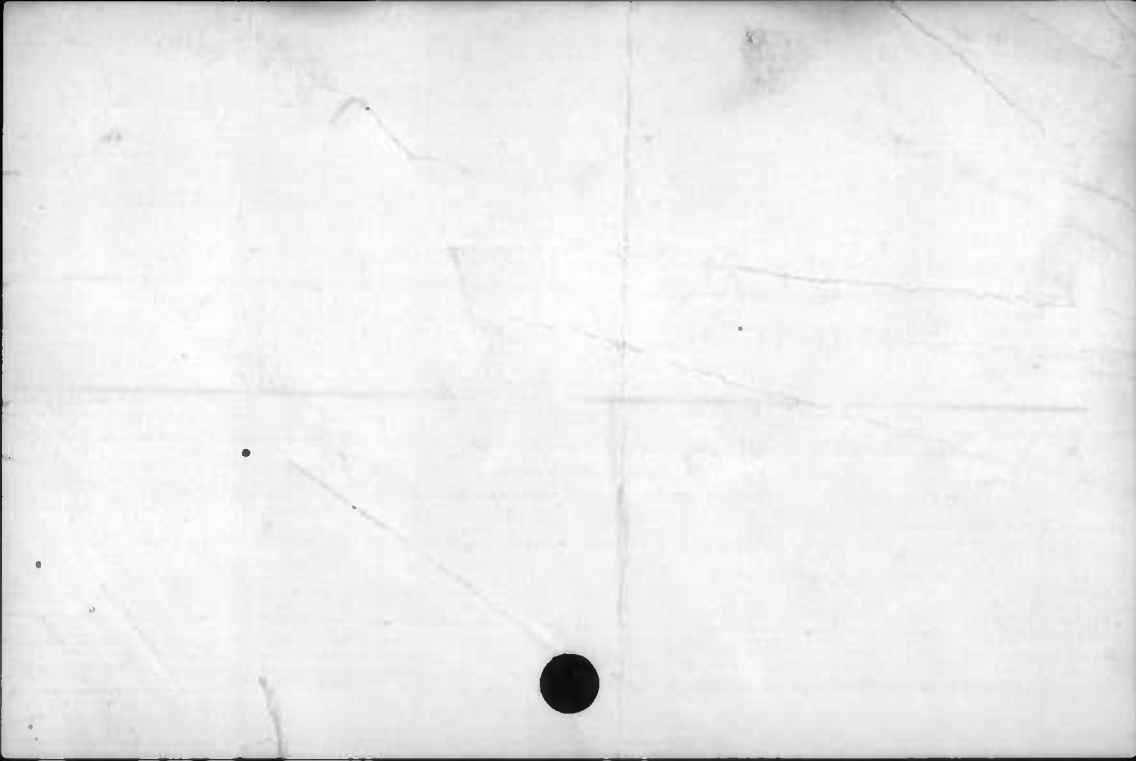
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		12	14				8
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Harry Michelson				Md			
Mother's Maiden Name				Mother's Birthplace			
Posia Pratt				Md			
Name of person giving information				How related to deceased			
Frank Michelson				S. Father			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Acute Indigestion	How long	4 days
Immediate	Same	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		H. M. Brown	
		Address	
		Aquia	
Accident or Suicide?			
no		Md.	



Name
in
Full

Edward Dicks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at White Plains ^{Town} Chesles ^{County} MARYLAND

Date of death 1909 Dec ^{Month} 30 ^{Day} Age 100 ^{Years} — ^{Months} — ^{Days}

Sex Male Color or Race Colored Birth-place Dick

Occupation Iron Where Residing if not at place of death Thomas Dick (Dor)

Married, Single or Widowed Married Name of Wife or Husband Luz Plouder

Father's Name Unknown Father's Birthplace Dick

Mother's Maiden Name Unknown Mother's Birthplace Dick

Name of person giving Information William J. Taylor How related to deceased Iron

CAUSES OF DEATH

1574

PHYSICIAN
OR CORNER

Primary Old age How long 11

Immediate Chesles How long 11

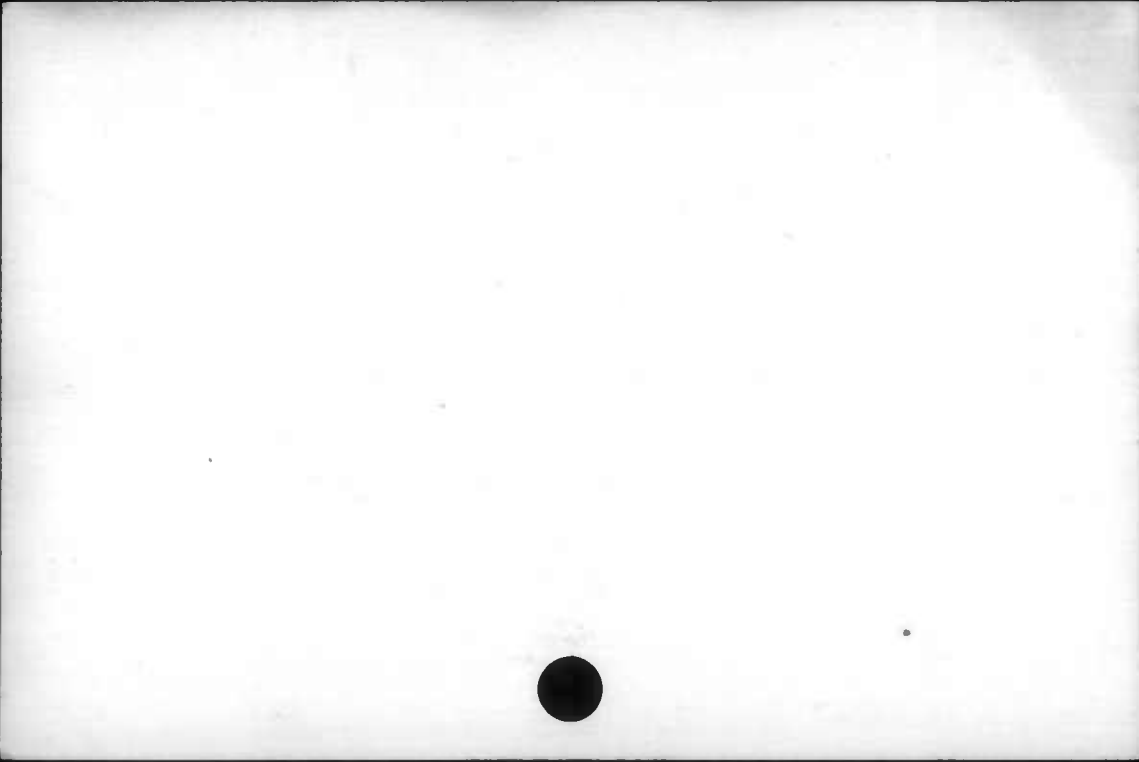
Are the name, age, sex, color, date and place correctly given above? Is

Signature of Physician

Address

S. O. Junior
Waldorf
Md

Accident or Suicide —



Name
in
Full

ella O'Stern

Ref

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

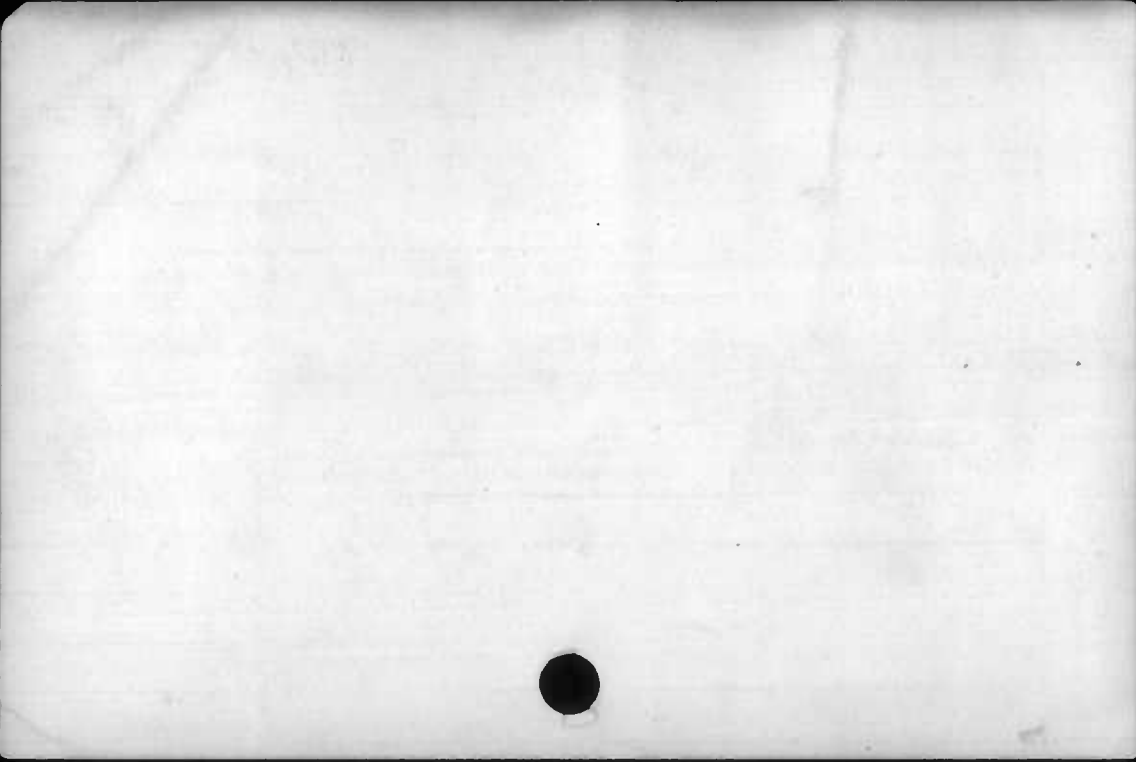
Died at <i>Indian Head</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>Dec</i> ^{Month}	<i>21</i> ^{Day}	<i>34</i> ^{Years}	<i>-</i> ^{Months}	<i>24</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>D. H.</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Patrick O'Stern</i>				
Father's Name <i>Robert-Jacques</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Mary Holland</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Husband</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary <i>Carcinoma (Wterus)</i>	How long <i>5 months</i>
Immediate <i>& haemorrh</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. J. Jones M.D.</i>
	Address <i>Indian Head Maryland.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Mary A. Pyle

Town

County

MARYLAND

Died near Riverside

Charles

Date

Month

Day

Years

Months

Days

of death

1909

Dec

12

Age

70

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Farming

Where Residing if not
at place of deathMarried, Single
or Widowed

widowed

Name of
Husband

Wm. Brent Pyle (deceased)

Father's
Name

Benjamin Grey

Father's
Birthplace

Md

Mother's
Maiden Name

Abenietta Adams

Mother's
Birthplace

Md

Name of person giving
Information

Etta Pyle

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Cancer of face

How long

20 yrs or more

Immediate

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

Address

Sawyer B. Speake
Bryantown
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

44



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Joshua Ross</i>		County		MAYLAND	
Died at <i>Marbury</i>		Town <i>Chas</i>		State	
Date of death	190 <i>9</i>	Month <i>12</i>	Day <i>18</i>	Age <i>22</i>	Years <i>22</i>
Sex <i>Male</i>	Color or Race <i>Colloid</i>	Birth- place <i>Chas co Md.</i>	Months <i>—</i>	Days <i>—</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Sarah M Dyson</i>	Mother's Birthplace <i>Chas. co. Md.</i>				
Name of person giving Information <i>gm A Butler</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORNER

Primary <i>Tuberculosis</i>	How long <i>unknown</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>none attending. E. D. Carpenter</i> Address <i>Disgah</i> <i>Sub Reg.</i> <i>Md.</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Lamorne M. McKeethy, Sonnet* Town *Birmingham* County *Cherokee* **MARYLAND**
 Died at *Birmingham* Month *Dec* Day *28* Age *3* Years Months *—* Days *12*
 Date of death *1909*
 Sex *Male* Color or Race *White* Birthplace *Ind*
 Occupation *—* Where Residing if not at place of death *—*
 Married, Single or Widowed *—* Name of Wife or Husband *—*

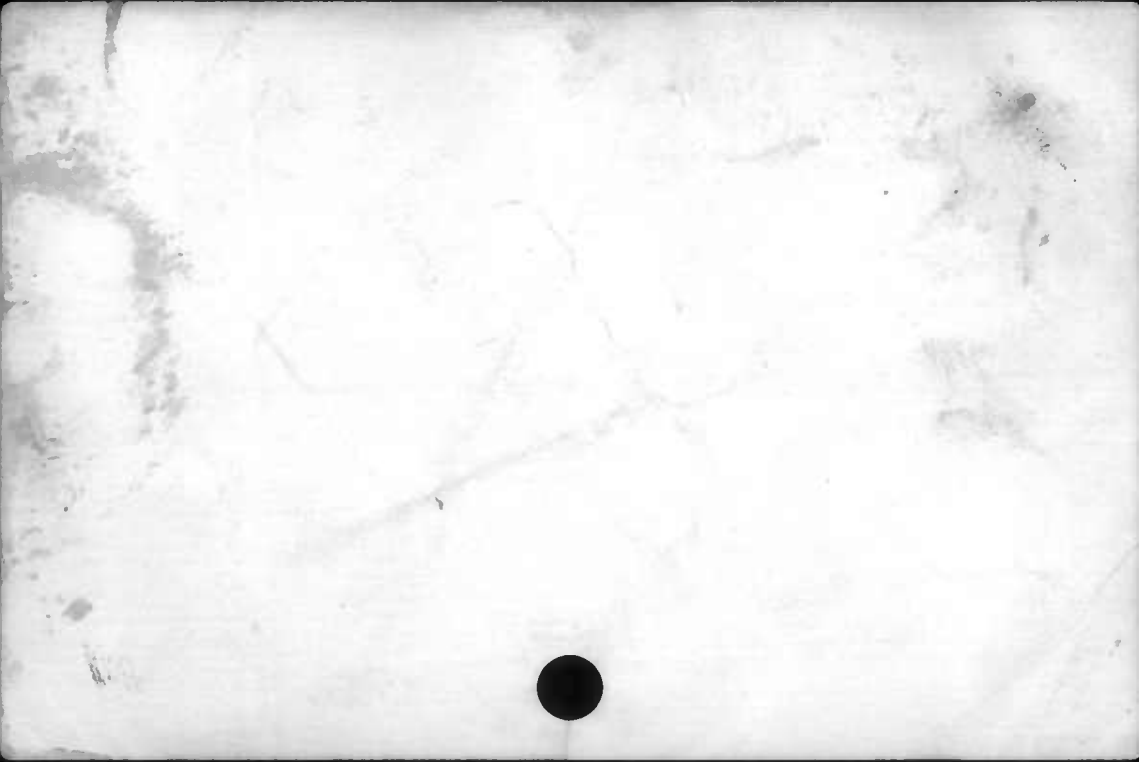
Father's Name *W. A. Sanders* Father's Birthplace *Ind*
 Mother's Maiden Name *Rae McKeethy* Mother's Birthplace *Ind*
 Name of person giving Information *W. A. Sanders* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pneumonia* How long *93* *3 days*
 Immediate *Sthavelia* How long *Short*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *G. C. Monroy*
 Address *Waldorf*

PHYSICIAN
OR CORNER

Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Frank Sims* Town _____ County _____

Died at *Maryland* Month _____ Day _____ Year _____ Months _____ Days _____

Date of death 190 *9* *Dec* 10 Age *40*

Sex *male* Color or Race *Caucasian* Birth-place *Ind*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Wm Sims* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Ellen Butler* Mother's Birthplace *Ind*

Name of person giving Information *Frank Sims* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Phthisis Pulmonalis* 27 How long *one year*

Immediate *Exhaustion* How long *—*

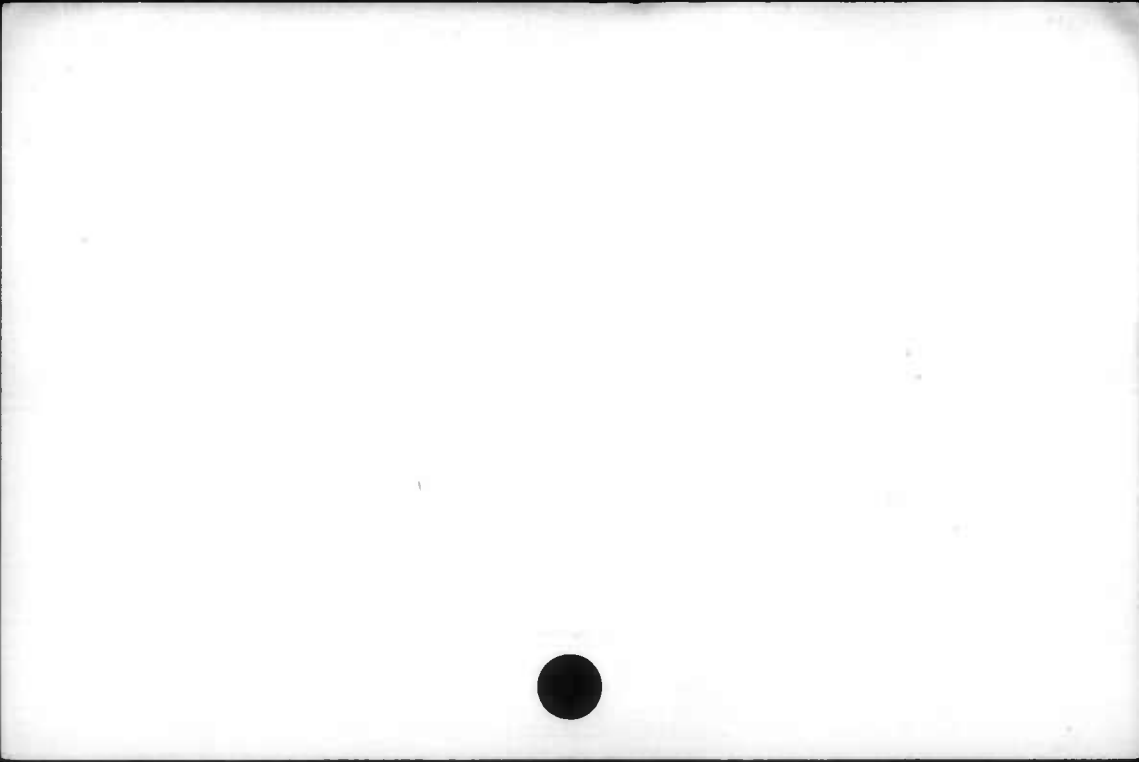
Are the name, age, sex, color, date and place correctly given above? *g3*

Signature of Physician *L. C. Arnold*

Address *Maryland Ind*

Accident or Suicide *—*

PHYSICIAN
OR CORONER



Name
in
Full

Flora Irene Swann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

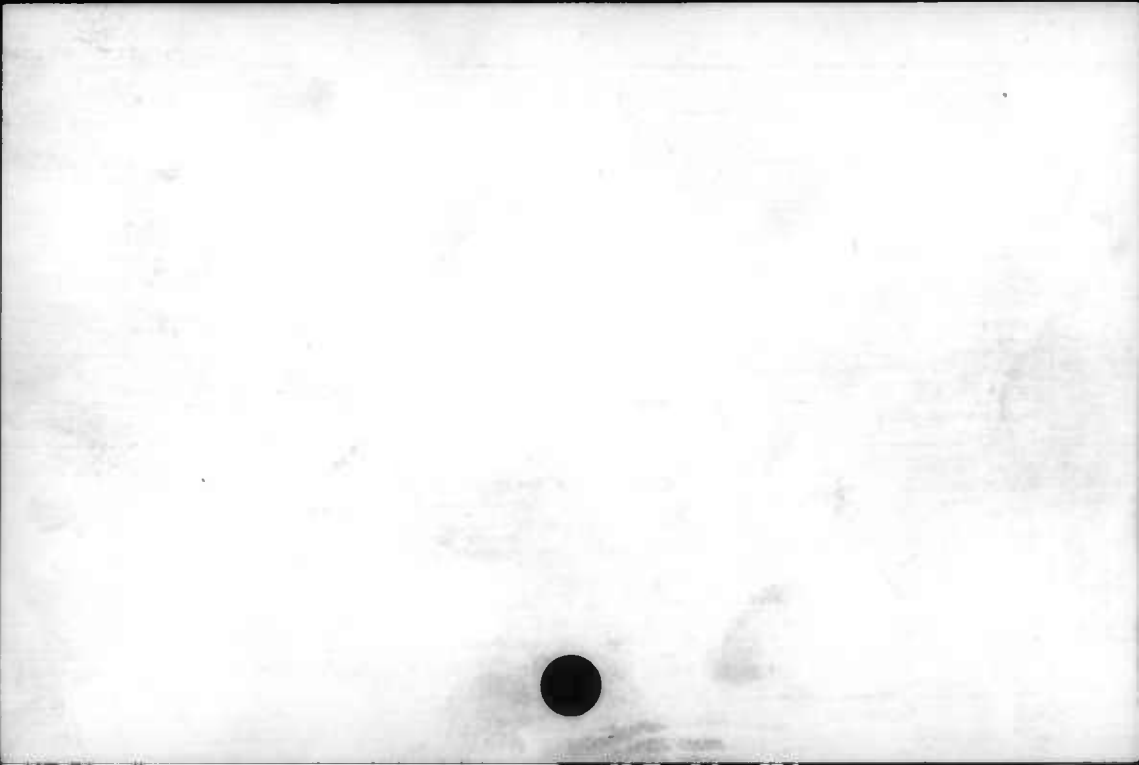
Died at		Town Port Tobacco		County Charles		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		12	14	Age		25	
Sex Female		Color or Race Wh		Birth-place Md			
Occupation None				Where Residing if not at place of death —			
Married, Single or Widowed		Name of Wife or Husband					
5		S					
Father's Name Julian Swann				Father's Birthplace Md			
Mother's Maiden Name Dora Swann				Mother's Birthplace Md			
Name of person giving Information Julian Swann				How related to deceased Father			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary Pneumonia - Bronchitis		How long Life time
Immediate Capillary Bronchitis		How long 3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. L. Harmon
Y		Address La Plata Md
Accident or Suicide		



Name
in
Full

Frank S. Suman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		10	11	84			
Sex	Male	Color or Race	African	Birth-place	Charles Co		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband		Margaret Suman			
Father's Name	Not Known			Father's Birthplace			
Mother's Maiden Name	Not Known			Mother's Birthplace			
Name of person giving Information	John F. Suman			How related to deceased			
				Son			

CAUSES OF DEATH

Primary	Cardiac	79	How long	3 months
Immediate	Cardiac Failure		How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
Accident or Suicide			Bellevue Ind	

PHYSICIAN
OR CORONER



Name
in
Full

Victoria Swawn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

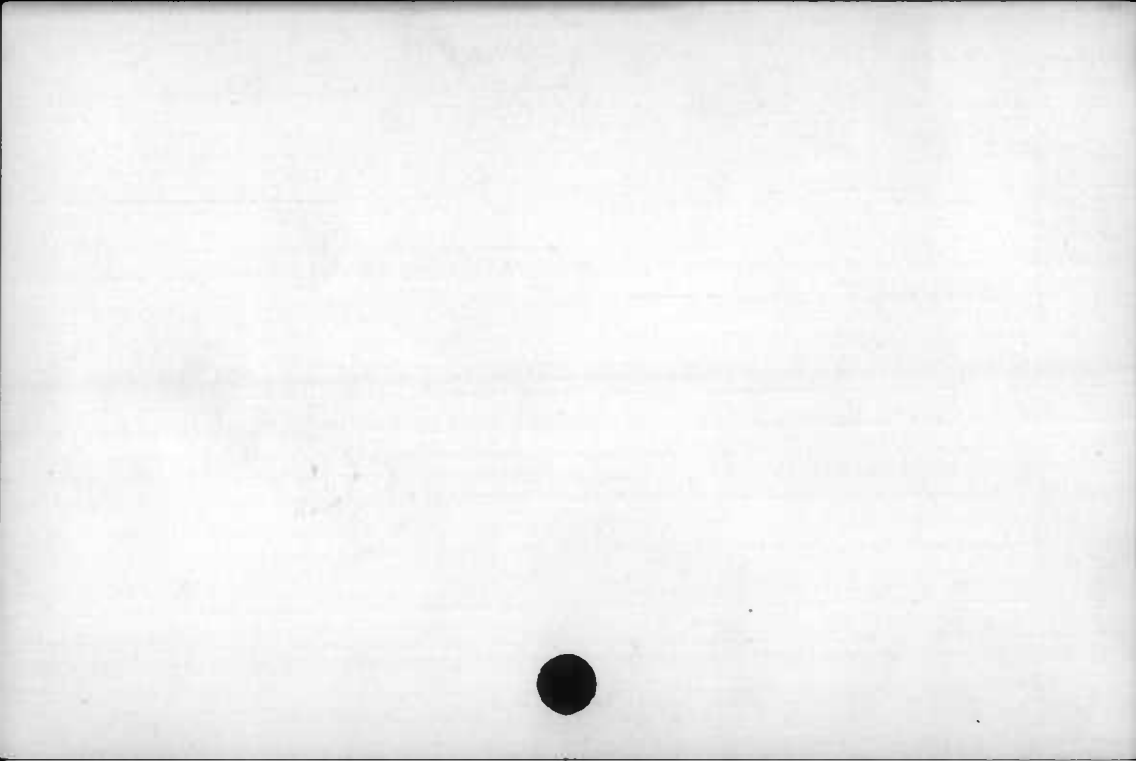
Died at <i>Mc Conchie</i> Town		<i>Chorles</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Dec</i>	Day <i>13th</i>	Age <i>60</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Chorles Co</i>		
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
Married, Single <i>not married</i> or Widowed <i>widowed</i>	Name of Wife or Husband <i>Don't know</i>				
Father's Name <i>James Swawn</i>			Father's Birthplace <i>Chorles Co</i>		
Mother's Maiden Name <i>Leah Swawn</i>			Mother's Birthplace <i>Chorles Co</i>		
Name of person giving information <i>Hewy Ross</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral hemorrhage</i>	How long <i>3 days</i>
Immediate <i>General respiratory Cardiac paratys</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Mrs. S. Owen</i>
	Address <i>La Plata</i>
Accident or Suicide? <i>no</i>	<i>med</i>



Name
in
Full

Benjamin Tubman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Pennocky* Town *Chorley* County *MARYLAND*
Date of death 1909 Dec- 30 Age 40 Months 11 Days
Sex *Male* Color or Race *White* Birth-place *Pennocky Ind.*
Occupation *Merchant* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Becilia M. Branner*
Father's Name *Benj. D. Tubman* Father's Birthplace *Chas. Co. Ind.*
Mother's Maiden Name *Sarah E. Tubman* Mother's Birthplace *Washington D.C.*
Name of person giving Information *Ellie V. Tubman* How related to deceased *Sister*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Heart Disease* How long *two hours*
Immediate *Sudden death*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *J. W. Winters M.D.* Address *Pennocky Ind.*
Accident or Suicide *No*

